

**Sheffield Clinical Commissioning Group**

**Consent to NHS Continuing Healthcare processes**

**FORM 2 – for people that DO NOT HAVE capacity to consent to the screening and assessment process and for care to be arranged for them, including making payments to providers**

This form indicates that the person named below **does not** have the capacity to consent to be screened for assessment for continuing healthcare, full assessment and for care to be arranged for them, including making payments to providers, if appropriate.

**Section A**

Patient:	DOB:	
NHS Number:	Date of Interview:	
Does this person require an interpreter:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was an interpreter present at the interview:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name of Assessor:		

Does the person have capacity to consent to be screened for continuing healthcare, full assessment if appropriate and for care to be arranged for them, including the NHS making payments to care providers?  
Yes       No

I confirm that the person above **lacks capacity** to give consent for initial screening, full assessment for continuing healthcare and arranging care for them. The reason they lack capacity is [.....], which is an impairment of, or a disturbance in the functioning of the mind or brain.

And although all reasonable steps have been taken to support and empower the person to make the decision, they are therefore **unable** to (please indicate):-

- Understand information about the initial screening, ~~and~~ full assessment process and arranging care for them **and/or**
- Retain that information in their mind **and/or**
- Use or weigh that information as part of the decision making process **and/or**
- Communicate their decision (this could include sign language, Makaton etc)

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**Section B: IDENTIFYING THE DECISION MAKER FOR PEOPLE WHO LACK CAPACITY**

If the person lacks capacity to consent for initial screening and full assessment for continuing healthcare, a decision must be made in their best interests.

Is there a **registered** health and welfare Lasting Power of Attorney?      Yes/No  
Is there a Court of Protection appointed Health and Welfare Deputy?      Yes/No

Who has been identified as the decision maker\* (please print name):

.....

\* In the absence of a registered health and welfare LPA or court appointed health and welfare Deputy, a continuing healthcare nurse may act as the decision maker.

**Section C: BEST INTERESTS IN RESPECT OF RELEVANT DECISIONS**

The best interests principle underpins the Mental Capacity Act 2005. In trying to reach a best interests decision in relation to a particular decision the decision maker should encourage P to participate in the decision making process, identify all relevant circumstances, find out P's views and consult with others. Please see the attached guidance in relation to assessing a person's best interests.

Specifically, I have considered P's best interests per s4(6) MCA, including their past wishes and beliefs that would be likely to influence the decision in question. In order to assess P's best interests I have consulted others, in accordance with s4(7) MCA, namely [Please state who and their relationship to P]:

.....

**Section D: RE SHARING INFORMATION WITH OTHERS to consult re best interests**

- (a) P has capacity to consent to information being shared with others for this purpose, and has consented to sharing information with the people listed above

Signed:

.....

(by P)

Date: .....

**OR**

- (b) P lacks capacity to consent to sharing information with others for this purpose, and information shared in this way is in P's best interests as assessed by the decision maker

Signed:

.....

(Decision maker)

**Section E: DECLARATION BY THE DECISION MAKER**

After any consultation, my opinion is that it **is/is not** (delete as appropriate) in P's best interests to undergo the assessment for initial screening, full assessment for continuing healthcare eligibility, for arranging care for them and for the sharing of information with other professionals and relevant providers of care, because

.....

I understand consent may be withdrawn at any stage and that if I do this may prevent care from being provided for the patient concerned:

Signature of the decision maker: .....

Please state role/job title: .....

Date: .....

If the decision maker is a health and welfare Deputy or registered health and welfare LPA, please attach a copy of the sealed COP order or registered LPA.

Any additional comments:

In this form the following definitions apply:

- 'P' means the patient names in section A
- 'LPA' means Lasting Power of Attorney
- 'COP' means Court of Protection
- 'MCA' means the Mental Capacity Act 2005